

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Big Sky Opportunity PAC

ADDRESS (number and street) ▼

PO Box 1618

☐ Check if different than previously reported. (ACC)

Helena

MT

59624

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00542027

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

MT

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lorna Kuney

Signature of Treasurer

Lorna Kuney

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Big Sky Opportunity PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
11		24		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2014</div></div>		<div><div></div><div>7134.32</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>27713.88</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>9296.95</div></div>	<div><div></div><div>58796.95</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>37010.83</div></div>	<div><div></div><div>65931.27</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>36399.83</div></div>	<div><div></div><div>65320.27</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<div><div></div><div>611.00</div></div>	<div><div></div><div>611.00</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Big Sky Opportunity PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y
11		24		2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5000.00

7500.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5000.00

7500.00

(b) Political Party Committees .....

0.00

5000.00

(c) Other Political Committees

(such as PACs).....

0.00

17000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

5000.00

29500.00

## 12. Transfers From Affiliated/Other

Party Committees.....

4296.95

29296.95

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

9296.95

58796.95

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

9296.95

58796.95

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	36399.83	45720.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	36399.83	45720.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	14600.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	36399.83	65320.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36399.83	65320.27

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5000.00	29500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5000.00	29500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	36399.83	45720.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	36399.83	45720.27

: 97 'A-G79 @G B9CI G'H9LH'F9 @G H98 'HC'5 'F9DCFHŽG7 <98I @G 'CF' +H9A-N5HCB  
.

Form/Schedule: F3XN

Transaction ID :

BEST EFFORTS: Our original solicitation includes a clear and conspicuous request for contributor information and informs the contributor of the requirements of federal law for the reporting of such information. If the information is not provided, we make one follow-up, stand-alone effort to obtain this information, regardless of whether the contribution was solicited or not. This effort occurs no later than 30 days after receipt of the contribution and is in the form of a written request. The follow-up request clearly asks for the missing information, without soliciting a contribution; informs the contributor of the requirements of federal law for reporting such information; and is in the form of a postage-paid, pre-addressed postcard. Follow-up phone calls are also made to try to obtain the information. INFORMATION REQUESTED: indicates that our best efforts procedure has been followed. If self-employed, or partial work information is listed, it is the information that was provided by the contributor in response to our request.

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Big Sky Opportunity PAC**

Full Name (Last, First, Middle Initial)

**A. George E Matelich**

Mailing Address 6 Wildwood Cir

City

Larchmont

State

NY

Zip Code

10538

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

Transaction ID : 41204.C31

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 11

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Big Sky Opportunity PAC**

Full Name (Last, First, Middle Initial)

## **A. Daines Montana Victory Committee**

Mailing Address PO Box 1618

City

Helena

State

MT

Zip Code

59624-

FEC ID number of contributing  
federal political committee.

**C** C00506865

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

29296.95

Date of Receipt

**10 / 31 / 2014**

**Transaction ID : 41204.C29**

Amount of Each Receipt this Period

4296.95

Transfers From Affil./Auth.

Full Name (Last, First, Middle Initial)

## **B. John Connors**

Mailing Address PO Box 94

City

Medina

State

WA

Zip Code

98039-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10 / 31 / 2014**

**Transaction ID : 41204.C30**

Amount of Each Receipt this Period

5000.00

Transfer Memo

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4296.95

4296.95



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Big Sky Opportunity PAC

### A. Montana Republican Party

Mailing Address PO Box 935

City	State	Zip Code
Helena	MT	59604-

Purpose of Disbursement	Contribution
1. To provide for the maintenance and repair of the building	£100,000
2. To provide for the maintenance and repair of the furniture and fixtures	£50,000
3. To provide for the maintenance and repair of the equipment	£25,000
4. To provide for the maintenance and repair of the vehicles	£15,000
5. To provide for the maintenance and repair of the other assets	£10,000
<b>Total</b>	<b>£200,000</b>

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Three digital displays showing the date 10/31/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '31' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : 41204.E80

Amount of Each Disbursement this Period

10000.00

## CONTRIBUTION

Full Name (Last, First, Middle Initial)

### B. NRSC

Mailing Address 425 2nd St NE

City	State	Zip Code
Washington	DC	20002-

Purpose of Disbursement	Contribution

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : 41204.E77

Amount of Each Disbursement this Period

20000.00

## CONTRIBUTION

Full Name (Last, First, Middle Initial)

### C. NRSC

Mailing Address 425 2nd St NE

City	State	Zip Code
Washington	DC	20002-

Purpose of Disbursement	Contribution
1. To provide for the maintenance and repair of the building	100.00
2. To provide for the maintenance and repair of the equipment	100.00
3. To provide for the maintenance and repair of the furniture	100.00
4. To provide for the maintenance and repair of the fixtures	100.00
5. To provide for the maintenance and repair of the grounds	100.00
6. To provide for the maintenance and repair of the utilities	100.00
7. To provide for the maintenance and repair of the security	100.00
8. To provide for the maintenance and repair of the insurance	100.00
9. To provide for the maintenance and repair of the taxes	100.00
10. To provide for the maintenance and repair of the other expenses	100.00
<b>Total</b>	<b>1,000.00</b>

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y  
10 14 2014

Transaction ID : 41204.E78

Amount of Each Disbursement this Period

3000.00

## CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

33000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 11

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Big Sky Opportunity PAC**

Full Name (Last, First, Middle Initial)

## **A. Special Projects**

Mailing Address 400 N California

City  
Helena

State  
MT

Zip Code  
59601-

Purpose of Disbursement  
Financial Reporting & Bookkeeping

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

**Transaction ID : 41204.E79**

Amount of Each Disbursement this Period

314.73

FINANCIAL REPORTING & BOOKKEEPING

Full Name (Last, First, Middle Initial)

## **B. Special Projects**

Mailing Address 400 N California

City  
Helena

State  
MT

Zip Code  
59601-

Purpose of Disbursement  
Financial Reporting & Bookkeeping

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

**Transaction ID : 41204.E81**

Amount of Each Disbursement this Period

316.79

FINANCIAL REPORTING & BOOKKEEPING

Full Name (Last, First, Middle Initial)

## **C. Valley Bank**

Mailing Address PO Box 5269

City  
Helena

State  
MT

Zip Code  
59604-

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

**Transaction ID : 41204.E82**

Amount of Each Disbursement this Period

16.00

CREDIT CARD FEES

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

647.52

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Big Sky Opportunity PAC**

Full Name (Last, First, Middle Initial)

**A. Valley Bank**

Mailing Address PO Box 5269

City	State	Zip Code
Helena	MT	59604-

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2014

**Transaction ID : 41204.E83**

Amount of Each Disbursement this Period

16.31
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CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

**B. Valley Bank**

Mailing Address PO Box 5269

City	State	Zip Code
Helena	MT	59604-

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

**Transaction ID : 41204.E84**

Amount of Each Disbursement this Period

16.00
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CREDIT CARD FEES

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

32.31
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33679.83
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